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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Davidson, Robert, Michael, Dr,			2. Candidate's FEC Identification Number H8MI02113	
(b) Address (number and street) 15524 Oak Ridge Dr			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Spring Lake MI 49456			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MI 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Committee to Elect Rob Davidson		
(b) Address (number and street) 518 W Savidge St Suite 3		
(c) City, State, and ZIP Code Spring Lake MI 49456		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) HEALING MICHIGAN		
(b) Address (number and street) PO BOX 15320		
(c) City, State, and ZIP Code WASHINGTON DC 20003		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Davidson, Robert, Michael, Dr, [Electronically Filed]	Date 10/21/2018
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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